

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1957

35475

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2070 Registrar's No. 1018

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.		d. STREET ADDRESS 412 E. Commercial	
3. NAME OF DECEASED (Type or print) First THOMAS Middle H. Last MILLER		4. DATE OF DEATH October 19, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 18, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Miller		13b. MOTHER'S MAIDEN NAME Mary Haniphen	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO. (UNKNOWN)		17. INFORMANT Goldie Rheurark Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: REPORT OF AUTOPSY - HEART DISEASE ALONG WITH IMMEDIATE CAUSE (a) CEREBRAL VASCULAR DISEASE AND/OR ALCOHOLISM		INTERVAL BETWEEN ONSET AND DEATH INSTANT	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201 F	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CORONARY ARTERY ARTERIOSCLEROSIS - HYPERTENSION - CEREBRAL ARTERIOSCLEROSIS		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE UNKNOWN <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) WAS PASSENGER IN A ONE CAR ACCIDENT	
20c. TIME OF INJURY 6:30 p.m. Oct. 19, 1957		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> ON COUNTY ROAD	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ON COUNTY ROAD		20f. CITY, TOWN, OR LOCATION SPRINGFIELD COUNTY Greene STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 6:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ralph H. Thorne (Degree or title) Coroner	
22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 10/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-24-57	
23c. NAME OF CEMETERY OR CREMATORY NATIONAL		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, Mo.	
24. FUNERAL DIRECTOR J.W. Klugner & Co. ADDRESS Spgrd. Mo.		25. DATE RECD. BY LOCAL REG. 10-25-57	
26. REGISTRAR'S SIGNATURE Paul Williams			

Grace H. Burke Hosiery Co. Springfield, Mass. 01102
 Date of Embalming: October 10, 1957
 Name: Grace H. Burke
 Sex: Female
 Race: White
 Age: 28
 Cause of Death: Unknown
 Place of Death: Springfield, Mass.
 Place of Burial: Springfield, Mass.
 Burial: Yes
 Embalming: Yes
 Disposition: None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *H176*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.